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FACSIMILE COVER SHEET

TO: US Patent & Trademark Office, Commissioner for Patents

FAX NUMBER: 571-273-8300

FROM: JiNan GLASGOW

DATE: 10-03-2007

RE: Withdrawal of Power of Attorney & Change of Correspondence
Address, serial no. 10/649127

ATTORNEY DOCKET #4003-008

PAGE NUMBER (INCLUDING COVER): 3

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PTO/SB/21 (04-07)

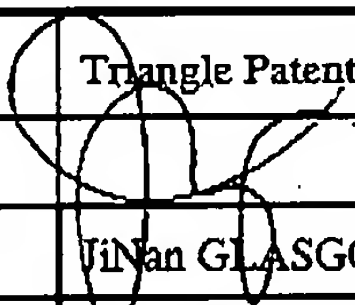
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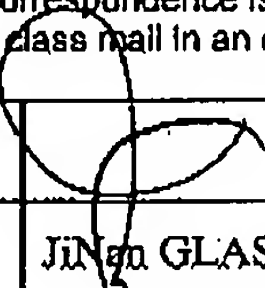
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|--|----------------------|------------------------|----------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/649127 | |
| | Filing Date | 08-27-2003 | |
| | First Named Inventor | BARTHELL | |
| | Art Unit | 4764 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 4003-008 |

| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Triangle Patents, PLLC | | |
| Signature |  | | |
| Printed name | Jinan GLASGOW | | |
| Date | 10-3-2007 | Reg. No. | 42,585 |

| CERTIFICATE OF TRANSMISSION/MAILING | |
|---|---|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | |
| Signature |  |
| Typed or printed name | Jinan GLASGOW |
| Date | 10-3-2007 |

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------|
| Application Number | 10/649127 |
| Filing Date | 8-27-2003 |
| First Named Inventor | BARTHELL |
| Art Unit | 4764 |
| Examiner Name | RANGREJ |
| Attorney Docket Number | 4003-008 |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record..
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 64843

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

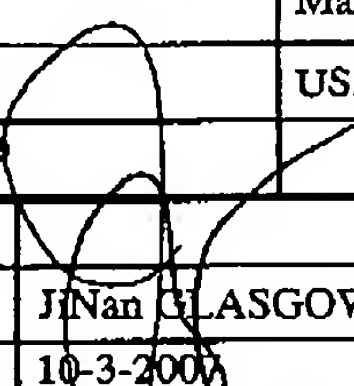
The reasons for this request are:

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

| | | | | | |
|---|---|------------------|--------------|-------|-------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | FOLEY & LARDNER | | | | |
| Address | 150 East Gilman Street Verex Plaza | | | | |
| City | Madison | State | WI | Zip | 53703 |
| Country | USA | | | | |
| Telephone | | | | Email | phunter@foley.com |
| Signature |  | | | | |
| Name | J. Nan GLASGOW | Registration No. | 42,585 | | |
| Date | 10-3-2007 | Telephone No. | 919-268-4236 | | |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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